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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	J-3583
		First Named Inventor	Stanley J. Flashinski
		COMPLETE IF KNOWN	
		Application Number	10 / 737,033
<input type="checkbox"/> Declaration Submitted with Initial Filing		Filing Date	December 16, 2003
<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surety required) (37 CFR 1.16 (e))		Art Unit	3752
		Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PRESSURIZED PLASTIC BOTTLE WITH REINFORCED NECK AND SHOULDER FOR
DISPENSING AN AEROSOL**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

12/16/2003

as United States Application Number or PCT International

Application Number **10/737,033**

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒Customer Number
or Bar Code Label

28165

OR ☐

Correspondence address below

Name David J. Houser

S.C. Johnson & Son, Inc

Address 1525 Howe Street, MS 077

City Racine

State WI

ZIP 53403

Country USA

Telephone 262-260-2206

Fax 262-260-4253

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :



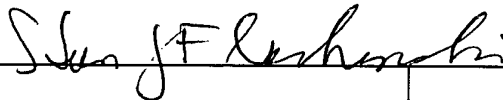
A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Stanley J.

Family Name

or Surname Flashinski

Inventor's
Signature

Date

1/9/04

Residence: City Racine

State WI

Country USA

Citizenship USA

Mailing Address 5508 River Hills Road

City Racine

State WI

ZIP 53402

Country USA

NAME OF SECOND INVENTOR:



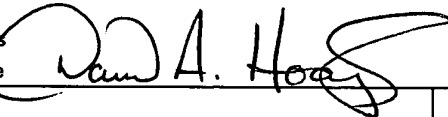
A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) David A.

Family Name

or Surname Hoadley

Inventor's
Signature

Date

1-12-04

Residence: City Racine

State WI

Country USA

Citizenship USA

Mailing Address 309 West Blvd.

City Racine

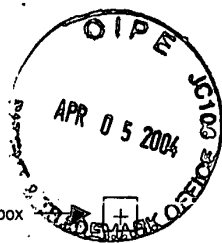
State WI

ZIP 53405

Country USA

☒

Additional inventors are being named on the _1_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen M.		Bednarz	
Inventor's Signature <i>Stephen M. Bednarz</i>		Date <i>12/27/03</i>	
Residence: City De Kalb	State IL	Country USA	Citizenship USA
Mailing Address 444 West Lincoln Highway			
Mailing Address			
City De Kalb	State IL	ZIP 60115	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sumit		Mukherjee	
Inventor's Signature		Date	
Residence: City Sylvania	State OH	Country USA	Citizenship INDIA
Mailing Address 6009 Durbin Road			
Mailing Address			
City Sylvania	State OH	ZIP 43560	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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		First Named Inventor	Stanley J. Flashinski
		COMPLETE IF KNOWN	
		Application Number	10 / 737,033
<input type="checkbox"/> Declaration Submitted with Initial Filing		Filing Date	December 16, 2003
<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge required) (37 CFR 1.401(e))		Art Unit	3752
		Examiner Name	

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Application Number **10/737,033** and was amended on (MM/DD/YYYY) (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Direct all correspondence to: ☒ Customer Number **28165** OR ☐ Correspondence address below

Name **David J. Houser**

S.C. Johnson & Son, Inc
Address **1525 Howe Street, MS 077**

City **Racine**

State **WI**

ZIP **53403**

Country **USA**

Telephone **262-260-2206**

Fax **262-260-4253**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **Stanley J.**

Family Name
or Surname **Flashinski**

Inventor's
Signature

Date

Residence: City **Racine**

State **WI**

Country **USA**

Citizenship **USA**

Mailing Address **5508 River Hills Road**

City **Racine**

State **WI**

ZIP **53402**

Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **David A.**

Family Name
or Surname **Hoadley.**

Inventor's
Signature

Date

Residence: City **Racine**

State **WI**

Country **USA**

Citizenship **USA**

Mailing Address **309 West Blvd.**

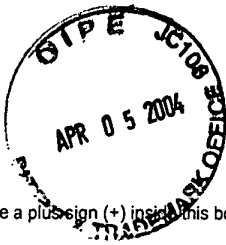
City **Racine**

State **WI**

ZIP **53405**

Country **USA**

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Stephen M.		Bednarz	
Inventor's Signature		Date	
Residence: City De Kalb		State IL	Country USA
Citizenship USA			
Mailing Address 444 West Lincoln Highway			
Mailing Address			
City De Kalb		State IL	ZIP 60115
Country USA			
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Sumit		Mukherjee	
Inventor's Signature <i>Sumit Mukherjee</i>		Date <i>12/18/03</i>	
Residence: City Sylvania		State OH	Country USA
Citizenship INDIA			
Mailing Address 6009 Durbin Road			
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Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
Country			

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/737,033
Filing Date	December 16, 2003
First Named Inventor	Stanley J. Flashinski
Title	Pressurized Plastic ...
Group Art Unit	3752
Examiner Name	
Attorney Docket Number	J-3583

I hereby appoint:

☒ Practitioners at Customer Number

28165

Place Customer
Number Bar Code
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☒ Practitioner(s) named below:

Name	Registration Number
Thomas M. Wozny	28,922
Joseph D. Kuborn	40,689
Jeffrey S. Sokol	35,686
Michael E. Taken	28,120

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

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Individual Name

Address

Address

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

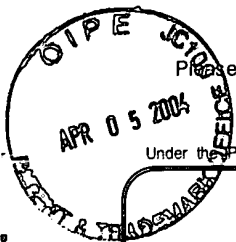
SIGNATURE of Applicant or Assignee of Record

Name	Stanley J. Flashinski
Signature	
Date	1/09/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of Four forms are submitted.

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SIGNATURE of Applicant or Assignee of Record

Name David A. Hoadley

Signature

Date

1-12-04

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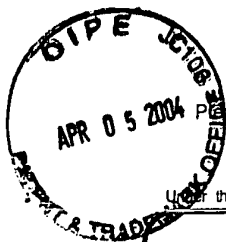
SIGNATURE of Applicant or Assignee of Record

Name	Stephen M. Bednarz
Signature	<i>Stephen M. Bednarz</i>
Date	DECEMBER 27, 2003

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Name Sumit Mukherjee

Signature ☒

Date ☒

12/18/03

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